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selected from the group consisting of carbohydrates, amino acids, lipids, free fatty acids, mono-or diglycerides, glycerol and any combination thereof; and one or more insulintropic peptides, wherein the insulintropic peptide is GLP-1, GIP, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the C-terminus esters thereof, the D-terminus ketones thereof, the N-terminus modifications thereof, or any mixture thereof, wherein the administration of the nutrient(s) produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of blood, and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.

Please cancel claims 2 and 20.

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21. (Thrice Amended)

The method of claim 1 wherein the insulintropic peptide or peptides are administered by infusion at a rate of 0.01 to 50 pmol per kg of body weight of patient per minute.

Please cancel claim 22.

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41. (Thrice Amended)

A method of enhancing metabolism of nutrients, comprising administering by a parenteral route to a non-diabetic patient in need of enhancing metabolism of nutrients a nutritively effective amount of one or more nutrients or any combination thereof and one or more insulintropic peptide or peptides, wherein said peptide or peptides is GLP-1, GLP-1 (7-34),

GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the C-terminus esters thereof, the D-terminus ketones thereof, the N-terminus modifications thereof, or any mixture thereof.

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42. (Twice Amended)

A method of enhancing metabolism of nutrients, comprising administering by a parenteral route to a patient with a disturbed glucose metabolism, a surgery patient, a comatose patient, a patient in shock, a patient with gastrointestinal disease, a patient with digestive hormone disease, an obese patient, an atherosclerotic patient, a patient with vascular disease, a patient with gestational diabetes, a patient with liver disease, a patient with liver cirrhosis, a patient with glucocorticoid excess, a patient with Cushing's disease, a patient with activated counterregulatory hormones that occur after trauma or a disease, a patient with hypertriglyceridemia, or a patient with chronic pancreatitis, a nutritively effective amount of one or more nutrients or any combination thereof and one or more insulinotropic peptides.

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44. (Thrice Amended)

A method of enhancing metabolism of nutrients, comprising administering by a parenteral route to a patient in need of enhancing metabolism of nutrients a nutritively effective amount of glucose and one or more insulinotropic peptide or peptides, wherein said insulinotropic peptide or peptides is GLP-1, GLP-1 (7-34), GLP-1 (7-35), GLP-1 (7-36), GLP (7-37), the deletion sequences thereof, the natural and non-natural amino acid residue substitutes thereof, the C-terminus carboxamides thereof, the C-terminus esters thereof, the D-terminus

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ketones thereof, the N-terminus modifications thereof, or any mixture thereof; wherein the administration of the nutrient(s) produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of blood, and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.

Please add new claim 51:

51. (New)

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A method for non-alimentary nutrition comprising administering by a parenteral route to a patient in need of parenteral nutrition, a nutritively effective amount of one or more nutrients selected from the group consisting of carbohydrates, amino acids, lipids, free fatty acids, mono- or diglycerides, glycerol and any combination thereof; and one or more insulinotropic peptides, wherein the insulinotropic peptide is GLP-1, wherein the administration of the nutrient(s) produces a blood glucose level in the patient of from about 80 to 180 mg glucose per deciliter of blood, and the rate of administration is calculated to deliver up to about 1000 g of glucose or its equivalent per patient per day.
